

Case Number:	CM15-0046520		
Date Assigned:	03/17/2015	Date of Injury:	03/05/2013
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old male, who sustained an industrial injury on March 5, 2013. The mechanism of injury is unknown. The injured worker was diagnosed as having spondylolisthesis lumbosacral region, sacroiliac ligament sprain/strain, lumbar myofascial sprain/strain and lumbar spinal stenosis. Treatment to date has included diagnostic studies and medications. On February 9, 2015, the injured worker stated his cervical and lumbar spine condition is unchanged but he does note increased numbness in both upper extremities. Physical examination revealed a positive straight leg test. Lumbar range of motion was flexion 40 degrees, extension 10 degrees, left/right lateral bends 30 degrees and left/right rotation 30 degrees. The treatment plan included ice/heat, exercises, medications, spine specialist consultation, possible joint injection versus facet block injection, physical therapy, rigid lumbar corset, chiropractic treatment, neurology consultation, diagnostic studies, and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DME (durable medical equipment): Rigid Lumbar Corset: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, DME Rigid lumbar support is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the worker's working diagnoses are spondylolisthesis lumbosacral; sacroiliac ligament sprain/strain; lumbar myofascial sprain/strain; and spinal stenosis lumbar. A progress note dated February 9, 2015 shows that the treating physician requested the lumbar corset to protect and support the low back. There was no surgery contemplated. The requesting physician was awaiting chiropractic and a pain management consultation. There was no clinical indication for the rigid lumbar support. Lumbar supports are not recommended for prevention quantity official visibility guidelines. Additionally, lumbar supports not been shown to have lasting benefits beyond the acute phase of symptom relief. The date of injury was March 5 3013. Consequently, absent guideline recommendations for a rigid lumbar support, DME rigid lumbar corset is not medically necessary.